

Critical Incident Report Form

Who is involved in the incident	(please tick)
Staff	
Student	

Type of Incident (please tick)	(please tick)
explosion or bomb threat	
a holdup or attempted robbery;	
missing students;	
any fatality or serious injury;	
a serious traffic collision;	
murder or suicide;	
physical/sexual assault or domestic violence;	
severe verbal or psychological aggression;	
Drug or alcohol abuse.	
fire	
serious threats of violence, and	
storms or natural disasters;	
other	

Details of Critical Incident

Date:
Time: _____ am/pm
Location: _____

Person(s) involved

Name	Address Phone No
What activity or program was underway?	
Description of Incident	
Description of Injury	
Description of damage	
Reported to Police?	Yes/No
Did any other service attend?	Yes/No (If yes, attach a copy of the report)



Person(s) involved (witnesses)

Name	Phone No

Reported By: _____ Signature: _____

Date: _____

The CEO's recommended action

CEO Signature: _____ Date: _____